

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937375

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		0				
5		0				
6		1				
7		1				
8	1					
9		1				
10		2				
11		0				
12		0				
13		0				
14	1					
15		1				
16		2				
17		0				
18		0				
19		1				
20		1				
21	1					
22		1				
23		2				
24		0				
25		1				
26		1				
27	1					
28		1				
29		2				
30		0				
31		0				
32		1				
33		1				
34	1					
35		1				
36		2				
37		0				
38		1				
39		1				
40		0				
41		0				
42		0				
43		0				
44		0				
45		0				
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.	6		4			
TOTAL DEP.		45		34		
TOTAL CLAIMS	61		38			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS